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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/664,405			ing Date 16/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY
	FOR	N	NUMBER FILED		NUMBER EXTRA		Г	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), e	or (m))	N/A		N/A		1	N/A			N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),	E or (q))	N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		l	x s =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	1S	minus 3 =		•		ı	X \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small enti- additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and			n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	05/04/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR	· 21	Minus	22		= 0	ı	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 4	Minus	4		<b>-</b> 0		X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Colun		(Column 3)	_					
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus	:		-		× \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))	*	Minus	***		-		X \$ =		OR	x s =	
Z	Application Size Fee (37 CFR 1.16(s))									]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write 10' in column 3.  "If the "Highest Number Previously Paid For I'N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For I'N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For I' (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of Information is equiend by 37 CFR 1.16. The information is sequiend to obtain or retain a brond thy the public within it is left law to process) an application. Condificientity by governed by 83 USE 1.28 and 37 CFR 1.4. This collection is estimated to their bet 2 minutes to complete including pathenity, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the sensor of time you require to complete the form and/or supposednoss for reducing this burden, should be sent to the CHIP (Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22913-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS